



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Special
DATE: July 2, 2013

SUBJECT: Notification of Behavioral Health Services Administrator Contract Award

The purpose of this memorandum is to notify providers that the Department of Medical Assistance Services (DMAS) has awarded the contract for a Behavioral Health Services Administrator (BHSA) to Magellan Health Services. The BHSA contract with Magellan will impact and bring changes to procedures related to: **behavioral health service authorizations; provider network enrollment; and claims processing and payment.**

Effective December 1, 2013, Magellan will administer a coordinated care model for behavioral health services for Medicaid and FAMIS members, including members who participate in Medicaid home and community based waiver programs, such as the Intellectual Disabilities Waiver, Elderly and Disabled with Consumer Direction Waiver, and Individual and Family Developmental Disabilities Support Waiver. Magellan will provide this coordinated delivery model for the following individuals and services:

1. Magellan will manage the full spectrum of behavioral health and substance abuse treatment services (see the table on page 2) for individuals who are not currently enrolled in one of the DMAS managed care organization (MCO) contracts.
2. Magellan will also manage the subset of community mental health and rehabilitation services that are excluded from the DMAS MCO contracts. These services are commonly referred to as MCO carved-out services.

The goal of implementing a new care coordination model is to improve the efficiency and effectiveness of covered behavioral health services, leading to improved access to quality behavioral health services and better health outcomes for members. The new model will be available statewide and will bring additional services to support members with behavioral health needs, such as:

- A toll-free 24-hour centralized member and provider call center;
- Easy access to information, referrals and assistance;
- Member outreach and education;
- Quality improvement initiatives; and
- Care coordination of clinical services.

DMAS services and processes transitioning to Magellan include:

- Behavioral health service authorization requests;
- Member eligibility verification;
- Credentialing and enrollment of all Medicaid fee-for service behavioral health providers;
- Claims processing for covered behavioral health services; and
- Appeals related to any adverse service authorization determination issued by BHSA.

Providers will benefit from having a centralized resource to address their questions and concerns. They will be able to identify their areas of specialized services for potential referrals and have open communication with Magellan regarding resources and transitions of care. All current Medicaid fee-for-service behavioral health

providers with a valid license and current provider agreement with DMAS will be contacted by Magellan for contracting and credentialing purposes.

Behavioral health services included in the Magellan contract are:

<ul style="list-style-type: none">■ EPSDT Behavioral Therapy Services■ Community Mental Health Rehabilitative Services (CMHRS) (such as Intensive In Home, Therapeutic Day Treatment, and Mental Health Supports for children and adults)■ Targeted Case Management	<ul style="list-style-type: none">■ Treatment Foster Care Case Management■ Residential Treatment (Levels A, B & C)■ Substance Abuse Services■ Inpatient and Outpatient Psychiatric and Substance Abuse Treatment Services (such as medication management, and individual, family, and group therapies) for non-MCO enrolled members.
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Exclusions

Inpatient and outpatient psychiatric services for members enrolled in a Managed Care Organization (MCO) are excluded from the Magellan contract. MCO enrolled individuals should contact the member's MCO for these services. Members enrolled in the Commonwealth Care Coordination (CCC) program (formerly called the Dual Eligible Demonstration Project) will receive all of their behavioral health services through that program and not through the Magellan contract.

Interface with Managed Care Organizations

All CMHRS care coordination will be provided through Magellan (unless member is enrolled in the CCC program). If a member is enrolled in a MCO and receives a service that is administered by the BHSA, Magellan will work with the member's MCO to coordinate behavioral health services received by the member.

Outreach and Next Steps

In the next several weeks and months, DMAS and Magellan will be sending information and meeting with stakeholders, providers and provider associations to provide further information about the significant changes ahead. We request your participation and cooperation as we work together during this transition. Thank you for your assistance as we move forward to implement the BHSA contract with Magellan.

Contact Information

Your inquiries to Magellan via e-mail may be directed to VirginiaInfo@MagellanHealth.com. Further information regarding the new model and services to be provided by Magellan will be available in mid-July through the Magellan website at www.MagellanofVirginia.com. Specific questions for DMAS can be directed to the DMAS Office of Behavioral Health at BHSA@dmass.virginia.gov. DMAS will also be posting BHSA information on its webpage at www.dmass.virginia.gov.

VIRGINIA MEDICAID WEB PORTAL*

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmass.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal at <http://dmass.kepro.com>.

*** This resource remains available to assist providers with current requirements and resources. Changes to this resource as a result of the BHSA contract with Magellan will be communicated in a later Medicaid Memo.**